



APPLICATION BY PARTNERSHIP FOR RETAIL LICENSE

COMMISSION USE ONLY - DO NOT WRITE IN THIS SPACE

STAMP LICENSE TYPE HERE	DATE ISSUED	DATE EXPIRES	EXISTING LICENSE NUMBER	LICENSE NUMBER
	LICENSEE'S NAME			FEE ENCLOSED
	DOING BUSINESS AS			TELEPHONE NUMBER
	ADDRESS			COUNTY
	CITY			ADMINISTRATIVE CODES
	LEGAL DESCRIPTION			
MAILING ADDRESS				
ZIP CODE				
DIRECTOR				

USE ONLY BLACK INK TO COMPLETE THIS APPLICATION - PLEASE TYPE OR PRINT THE FOLLOWING INFORMATION

The undersigned corporation hereby applies to the Missouri Gaming Commission for a license for the premises described herein, and for the purpose of inducing the Commission to issue it said license, makes the statements and answers hereinafter set out. We are, and will continue to be throughout the term for which this license is sought, the owners and operators as a Partnership of the business for which this license is sought.

1. State the following for each partner in the partnership known as _____ Bus. Phone (_____) _____
(Attach additional sheet if necessary)

	NAME	RESIDENCE	PLACE OF BIRTH	DATE OF BIRTH	% OWNED	TELEPHONE	SSN
A.						()	
B.						()	
C.						()	
D.						()	

2. List all addresses for preceding ten years (begin with current address)

A.	
B.	
C.	
D.	

3. State the name of the city, town, or village where each partner pays taxes. (A) _____
(B) _____ (C) _____ (D) _____
4. State the precinct, city, ward, county where each partner is registered to vote. (A) _____
(B) _____ (C) _____ (D) _____
5. Does any partner or any member of his immediate family or household hold a direct or indirect interest in any license issued by the Missouri Supervisor of Liquor Control which is now in force? If so, list each licensee name and location of premises: _____
6. Has any partner or any member of his immediate family or household ever held a license from the Supervisor of Liquor Control or ever had a financial interest in any entity which held such a license? If so, list each licensee name and location of premises: _____
7. Has any partner or any member of his immediate family or household ever made application which was denied by the licensing authority of any state, county or city? If so, give details: _____
8. Has any partner or any member of his immediate family or household ever held a license or had a financial interest in a license which was suspended or revoked by the licensing authority of any state, county, or city? If so, give details: _____
9. Is there now employed or will you employ, in the business sought to be licensed, any person who has at any time held an interest in a license which was suspended, revoked, or denied, or any person who has been convicted of any crime? If so, give details: _____
10. Has any member of the partnership ever been employed by any person, partnership or corporation that has had a license suspended or revoked by a Supervisor of Liquor Control? If so, give details: _____
11. Has any member of the partnership or any person with a direct or indirect interest in the business ever been charged with, indicted for, received a suspended imposition of sentence, or convicted of a violation of any Federal law, law of the State of Missouri, or of any other state, or country? If so, give details: _____
12. Has any member of the partnership or any person with a direct or indirect interest in the business ever been convicted of the violation of any city ordinance relating to intoxicating liquor, non-intoxicating beer, gambling, immorality, fighting, peace disturbance, or narcotics? If so, give details: _____
13. Has any member of the partnership or any person with a direct or indirect interest in the business ever been convicted of any Federal law, or law of any state concerning intoxicating liquor or non-intoxicating beer? If so, give details: _____
14. Has any corporation of which any member of the partnership has been managing officer, share-holder, or officer ever been charged with, indicted for, received a suspended imposition of sentence, or convicted of a violation of any Federal law, or law of any other state or country? If so, give details: _____

15. Does the partnership have any interest directly or indirectly in any brewery, winery, distillery, rectifying or blending plant, or gasohol facility, or wholesale liquor or beer concern, either as part owner, stockholder, agent, employee or otherwise? If so, give details _____
16. State the name and address of any distiller, wholesaler, winemaker, brewer, or any employee, officer, or agent thereof who has, or who will have any financial interest, if any, directly or indirectly, in the business in which you seek a license: _____
17. State the name of any distiller, wholesaler, winemaker, brewer, or any employee, officer, or agent thereof who has loaned or who will directly or indirectly, loan, give away, or furnish equipment, money, credit, or property of any kind, except ordinary commercial credit for intoxicating liquor and/or non-intoxicating beer sold to you, and except such articles and services, if any, as are permitted by the regulations of the Commission (if none, so state) _____
18. State the name and address of any person, firm, or corporation who has or will have directly or indirectly a financial investment in the business for which the partnership seeks a license; except those already listed in your response to Question 17. (State the nature of such interest.) (If none, so state) _____
19. What is the distance in feet, measured in a straight line, from the nearest point of the above described premises to the nearest point of the nearest school, church, or other building regularly used as a place of religious worship. _____
20. In what bank(s), or other financial institution(s) does/will the applicant maintain the financial accounts for the business seeking license herein? (Include both name and address.) _____
21. Is this application being made by you as a subterfuge to permit any person other than yourself to secure a license from the Commission, in your name, for his benefit? _____

IMPORTANT

You are required to report any change of fact contained herein within ten (10) days!

I understand that false answers made herein may result in the Commission's denial of this license application. I agree that if any statements or answers made herein are untrue and the license herein applied for is granted, such license may be revoked or suspended by the Commission.

I understand that any license granted by the Commission will be subject to the current provisions of the Rules and Regulations of the Commission, and failure to conform thereto will subject my license to suspension or revocation by the Commission. And further, I agree to allow inspections made in accordance with the Rules and Regulations of the Commission, and I authorize the Commission or its duly appointed agents to examine and secure copies of any business records or documents established in connection with this business including, but not limited to, those on file with my bookkeeper.

I authorize the Commission or its duly appointed agents to examine and secure copies of financial records consisting of signature cards, checking and savings accounts, notes and loan documents, deposit and withdrawal records, and escrow documents of my financial institution(s) or any financial records established in connection with the business.

The undersigned partners authorize the Commission or its duly appointed agents to conduct a criminal record check of all partners.

We, _____, _____, _____ of
(TYPE OR PRINT NAME) (TYPE OR PRINT NAME) (TYPE OR PRINT NAME)
_____, _____ of
(TYPE OR PRINT NAME) (TYPE OR PRINT NAME)
lawful age, being first duly sworn upon their oaths, depose and say that they have read this application and fully understand same and that they know the contents thereof and the answers and statements contained therein and the same are true.

PARTNER SIGNATURE	PARTNER SIGNATURE
PARTNER SIGNATURE	PARTNER SIGNATURE

NOTARY PUBLIC EMBOSSE SEAL	STATE OF MISSOURI		COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS		
	DAY OF 19		USE RUBBER STAMP IN CLEAR AREA BELOW.
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES	
NOTARY PUBLIC NAME (TYPED OR PRINTED)			

<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	DIRECTOR
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